

Shasta County Tax Collector Declaration under Probate Code Section 13101 To claim Excess Proceeds – Heir to Decedent

1.	That	[Name of Decede	nt] hereinafter "Decedent," d	ied in the City of				
	County of	, 20						
2.	At least 40 days have elapsed sind	e the death of Decedent, as shown	in a certified copy of the Dec	edent's death certificat	e attached to this declaration.			
3.	Check <u>one</u> of the following appropriate boxes: No proceeding is now being or has been conducted in California for administration of the Decedent's estate. The Decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration. A copy of the written consent and personal representative's letter is attached hereto.							
4.	The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed One Hundred Sifty-Six Thousand Two Hundred Fifty Dollars (\$166,250.00) if the decedent died prior to April 1, 2022, OR One Hundred Eighty Four Thousand Five Hundred Dollars (\$184,500.00) if the decedent died on or after April 1, 2022 and includes the following							
5.	Check <u>one</u> of the following appropriate boxes: ☐ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property. ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property. The name of the successor of the Decedent is:							
6.	No other person has a superior rig	ght to the interest of the Decedent	in the described property.					
7.	The declarant(s) request(s) that the described property be paid, delivered, or transferred to the declarant(s).							
8.	[My/Our]	names(s), a	ddress(es), relationship(s) to t	he decedent, and age(s	s) are as follows:			
9.	[List]							
•	Signature of Claimant/Declar	ina of the claim submitted. AND/OR CERTIFIED COPIES rant (REQUIRES NOTARIZATIOne signature is required – SE	ON)	RTING MY CLAIM S	IGNATURE			
Si	ignature	Name [Print or Type]		Date:			
I		er completing this certificate		=	-			
L certify	, and declare under nenal	ty of perjury that the foreg	oing is true and corre	rt and that I have	nrovided the required			
	entation and proof.							
Exec	euted this(Day	day of(Montl	, 20	at	(City/State)			
) (Monti	n) (Year)		(City/State)			
STATI	E OF CALIFORNIA	§						
)n	hefore me		nersonally anneared	l	who			
		etory evidence to be the perso						
		ed the same in her authorize person acted, executed the in		er signature on the	instrument the person, or			
I certify	under PENALTY OF PERJ	URY under the laws of the S	State of California that th	ne foregoing parag	raph is true and correct.			
WITNE	SS my hand and official sea	1						
SIGNA	TURE OF NOTARY PUBL	IC						



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Instructions for Completing Declaration Under Probate Code Section 13101

This form may be used to collect the unclaimed property of a decedent without procuring letters of administration or awaiting probate of the decedent's will if you are entitled to the decedent's property under Section 13101 of the California Probate Code. In order for the Unclaimed Property Division to determine if you are entitled to collect the unclaimed property of the decedent, please complete this form and submit it along with your Claim Affirmation Form and all other required documents.

Section 1: Fill out name, location, and date of death for decedent which can be found on the decedent's death certificate.

Section 2: In signing the form, you declare the statement in Section 2 is true.

Section 3: Check the applicable box. Only one of the boxes shall apply:

Check the first box if there are no court proceedings pending, nor have any been conducted to administer the decedent's estate, and that no personal representative or special administrator has been appointed by the court to administer the decedent's estate.

Check the second box if there is written consent from the decedent's personal representative providing for you to receive payment, transfer or delivery of the properties listed in Section 5.

Section 4: By signing the form, you attest that the statement in Section 4 is true. Please refer to Section 13050 of the California Probate Code to identify properties that may be excluded from the value of the decedent's estate.

Section 5: Check the applicable box. Only one of the boxes shall apply:

Check the first box if one of the following applies:

- The claimant is a beneficiary listed in the decedent's will; or,
- The decedent did not leave a will, but the claimant is the decedent's successor as defined in Section 13006 of the California Probate Code.

Check the second box if one of the following applies:

- The claimant is the guardian or conservator of the estate of the person entitled to any of the decedent's property.
- The claimant is the trustee of the decedent's trust.
- The claimant is a personal representative of beneficiary(ies) of the decedent's estate.
- The claimant is an attorney-in-fact pursuant to a legally executed Durable Power of Attorney. Fill in the name of the person or the name of the trust entitled to the decedent's property, whichever is applicable. Please refer to the California

Probate Code section 13051 and 13006 for more information.

Section 6, 7, 8 & 9: In signing the form, you declare the statements in Section 6, 7, 8, 9 & 10 are true.

Signature and Date: All claimants must print their name, sign, date, and notarize this form.



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Use *Page Three* only if additional signatures are required.

Each additional claimant/declarant must have their own Page Three

10. The declarant(s) affirm(s) or declare(s) under penalty of perjury, under the laws of the State of California, that all statements contained in this form (on Page One) and any accompanying document(s) are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Signature	Name [Print or Type]	Date:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

I certify and declare documentation and		erjury that the foregoing	is true and correct and that	I have provided the required
	day of (Day) (Month)		, 20 at	(City/State)
		(MOHIT)	(Year)	(City/State)
STATE OF CALIF				
acknowledged to me the three entity upon behalf	at she executed the soft which the person a	same in her authorized capacted, executed the instrum	acity, and that by her signature tent.	within instrument and e on the instrument the person, or g paragraph is true and correct.
WITNESS my hand ar	d official seal			
SIGNATURE OF NO	ΓARY PUBLIC			